# PATENT APPLICATION FEE DETERMINATION RECORD
### Effective December 8, 2004

**Application or Docket Number** 10/532589

## CLAIMS AS FILED - PART I

| | (Column 1) | (Column 2) | SMALL ENTITY TYPE ☐ | OR | OTHER TH SMALL ENT |
|---|---|---|---|---|---|
| | | | RATE | FEE | RATE |
| U.S. NATIONAL STAGE FEES | | | | | |
| BASIC FEE | SMALL ENT = $150 | LARGE ENT = $300 | BASIC FEE | OR | BASIC FEE 300 |
| EXAMINATION FEE | Satisfies PCT Article 33(1)-(4) = $50 / $100 | All other situations = $100 / $200 | EXAM FEE | | EXAM FEE 200 |
| SEARCH FEE | U S is ISA = $50 / $100 ALL other countries = $200 / $400 | All other situations = $250 / $500 | SEARCH FEE | | SEARCH FEE 400 |
| FEE FOR EXTRA SPEC. PGS. | minus 100 = | / 50 = | X $125 = | | X $250 = |
| TOTAL CHARGEABLE CLAIMS | 8 minus 20 = . | | X $25 = | OR | X $50 = |
| INDEPENDENT CLAIMS | 1 minus 3 = . | | X $100 = | OR | X $200 = |
| MULTIPLE DEPENDENT CLAIM PRESENT | | ☐ | + $180 = | OR | + $360 = |
| * If the difference in column 1 is less than zero, enter "0" in column 2 | | | TOTAL | OR | TOTAL 900 |

## CLAIMS AS AMENDED - PART II

OTHER THA

| | | (Column 1) CLAIMS REMAINING AFTER AMENDMENT | | (Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR | (Column 3) PRESENT EXTRA | SMALL ENTITY RATE | ADDI-TIONAL FEE | OR | SMALL ENTI RATE | AC TIO FI |
|---|---|---|---|---|---|---|---|---|---|---|
| AMENDMENT A | Total | * | Minus | ** | = | X $25 = | | OR | X $50 = | |
| | Independent | * | Minus | *** | = | X $100 = | | OR | X $200 = | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | ☐ | + $180 = | | OR | + $360 = | |
| | | | | | | TOTAL ADDIT. FEE | | OR | TOTAL ADDIT. FEE | |

| | | (Column 1) CLAIMS REMAINING AFTER AMENDMENT | | (Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR | (Column 3) PRESENT EXTRA | RATE | ADDI-TIONAL FEE | OR | RATE | ADD TION FEI |
|---|---|---|---|---|---|---|---|---|---|---|
| AMENDMENT B | Total | * | Minus | ** | = | X $25 = | | OR | X $50 = | |
| | Independent | * | Minus | *** | = | X $100 = | | OR | X $200 = | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | ☐ | + $180 = | | OR | + $360 = | |
| | | | | | | TOTAL ADDIT. FEE | | OR | TOTAL ADDIT. FEE | |

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than "20", enter "20".
\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than "3", enter "3".
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.